MEDI-CAL UPDATE Part 2
Billing and Policy
www.medi-cal.ca.gov

Medical Services • Obstetrics

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Contents

Age Restriction Change for CPT-4 Code 76604

Retroactive to dates of service on or after October 8, 2004, the age restriction for CPT-4 Code 76604 (ultrasound, chest, B-scan [includes mediastinum] and/or real time with image documentation) is 0 – 99 years of age. Claims previously denied because of the 0 – 5 years of age restriction will be automatically reprocessed.

Reyataz (Atazanavir Sulfate) and Proton Pump Inhibitors Should not be Co-Administered

Clinicians caring for HIV-infected patients should not co-administer Reyataz or Reyataz/RTV with a proton pump inhibitor. This recommendation is based on new pharmacokinetic data on the drug combinations and a December 2004 letter that was circulated by Bristol-Myers Squibb, the manufacturer of Reyataz.

The following observations were made from a random, open-label, multiple-dose drug interaction study:

A 76 percent reduction in atazanavir area under the concentration-time curve (AUC) and a 78 percent reduction in atazanavir trough concentration (C_{min}) was observed when Reyataz/retonavir was co-administered with omeprazole 40 mg.

Based on the study results:

- Due to the reduction in atazanavir exposure levels, do not co-administer Reyataz or Reyataz/RTV with omeprazole. This recommendation is consistent with the current Reyataz U.S. package insert.
- It is not known whether the over-the-counter dose of omeprazole (20 mg once daily) would produce similar results; therefore, co-administration is not recommended.
- Increasing the Reyataz/RTV dose to 400/100mg in combination with omeprazole did not result in Reyataz exposures comparable to those observed with a regimen of Reyataz 300/100 mg without omeprazole.
- Simultaneous administration of eight ounces of cola given in an effort to decrease gastric pH did not appear to affect this reduction.

Investigations about the potential drug interaction between Reyataz and H_2-Receptor antagonists when co-administered are ongoing. Until data are available, clinicians should note the following statements from the Reyataz package insert: "Reduced plasma concentrations of atazanavir are expected if H_2-receptor antagonists are administered with Reyataz (atazanavir sulfate). This may result in loss of therapeutic effect and development of resistance. To lessen the effect of H_2-receptor antagonists on atazanavir exposure, it is recommended that an H_2-receptor antagonist and Reyataz be administered as far apart as possible, preferably 12 hours apart."

A retrospective analysis of data on pharmacy paid claims dated between December 2, 2004 and March 11, 2005 found that more than 400 recipients received Reyataz co-administered with a proton pump inhibitor. The Drug Use Review (DUR) online claims system sends a drug interaction alert for this combination, with the majority of the alerts being overridden for payment.

Bronkephrine No Longer Manufactured

Asthma medication ethylnorepinephrine (Bronkephrine) HCl – 2 mg/ml (HCPCS code X5788) is no longer manufactured. Therefore, code X5788 is being removed as a Medi-Cal benefit and references to the drug removed from the Medi-Cal manual. *Provider manual pages cal child ser 1 (Part 2) and inject list 3 and 7 (Part 2) have been updated to reflect this change.*

November 2005 Code Conversions

Effective for dates of service on or after November 1, 2005, providers billing for respiratory care services, hearing aids or select procedures in combination with specific modifiers (-YQ, -YS, -ZK, -ZU and -ZV) must follow new billing instructions. Details of these billing changes will be published in a future *Medi-Cal Update*. A Comment Forum about the proposed billing modifier changes will be held from September 1 through September 30, 2005.

New CCS Pharmacy SAR Requirements

The following updates are made to drugs and products for which pharmacists must submit a Service Authorization Request (SAR).

Separate SAR Required
Effective for dates of service on or after September 1, 2005, the following drugs and products require a separate SAR:

- Infant formulas
- Dietary supplements
- Food oils
- Nutritional therapy, special formulations

Blood factor products require separate SARs. Factor IX (heat treated), billed with code J7194, is a benefit retroactive to dates of service on or after July 1, 2004. The descriptor for J7193 was changed to read "Factor IX (non-recombinant)."

No Separate SAR Required
Epoetin alfa and levocarnitine no longer require a separate SAR for reimbursement. *This information is reflected on manual replacement page cal child sar 6 (Part 2).*

CCS Program Service Code Groupings Update

Effective retroactively to dates of service on or after July 1, 2004, numerous codes have been added to California Children's Services (CCS) Service Code Groupings (SCGs) 01 and 05. New codes appear in bold and underlined type in the *California Children's Services (CCS) Program Service Code Groupings* manual section. *This information is reflected on manual replacement pages cal child ser 3, 5, 6, 11 and 17 (Part 2).*

'CGP' Provider Numbers Deactivated

In May 2005, the Children's Medical Services Branch notified hospital administrators and billing managers that on September 1, 2005, "CGP" prefixed Inpatient provider numbers would be deactivated. With this change, claims for inpatient hospital services rendered to all California Children's Services (CCS) and Genetically Handicapped Persons Program (GHPP) clients (including those who are not Medi-Cal eligible), for dates of service on or after September 1, 2005, must be submitted with appropriate Medi-Cal provider numbers.

Provider Orientation and Update Sessions

Medi-Cal providers seeking enrollment in the Family PACT (Planning, Access, Care and Treatment) Program are required to attend a Provider Orientation and Update Session. The next orientation session is scheduled for August 24, 2005.

Group providers wishing to enroll must send a physician-owner to the session. Clinics wishing to enroll must send the medical director or clinician responsible for oversight of medical services rendered in connection with the Medi-Cal provider number.

Please see **Orientation Session**, *page 3*

Orientation Session *(continued)*

Office staff members, such as clinic managers and receptionists, are encouraged to attend but are not eligible to receive a *Certificate of Attendance*. Currently enrolled clinicians and staff are encouraged to attend to remain current with program policies and services. Medi-Cal laboratory and pharmacy providers are automatically eligible to participate in the Family PACT Program without attending an orientation session.

The session covers Family PACT provider enrollment and responsibilities, client eligibility and enrollment, special scope of client services and benefits, provider resources and client education materials. This is not a billing seminar.

Please note the upcoming Provider Orientation and Update Session below.

August 24, 2005
Piccadilly Inn Airport
5115 East McKinley Avenue
Fresno, CA 93727
For directions, call
(559) 251-6000

Registration
Call the Center for Health Training at (510) 835-3795, ext. 113, to register for the session listed in this article. Providers must supply the following:

- Name of the Medi-Cal provider or facility
- Medi-Cal provider number
- Contact telephone number
- Anticipated number of people attending

Check-In
Check-in begins at 8 a.m. All orientation sessions start promptly at 8:30 a.m. and end by 4:30 p.m. At the session, providers must present their:

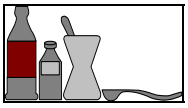
- Medi-Cal provider number
- Medical license number
- Photo identification

Note: Individuals representing a clinic or physician group should use the clinic or group Medi-Cal provider number, not the individual provider number or license number.

Certificate of Attendance
Upon completion of the orientation session, each prospective new Family PACT medical provider will be mailed a *Certificate of Attendance*. Providers should include the original copy of the *Certificate of Attendance* when submitting the Family PACT application and agreement forms (available at the session) to Provider Enrollment Services. Providers arriving late or leaving early will not be mailed a *Certificate of Attendance*. Currently enrolled Family PACT providers will not receive a certificate.

Contact Information
For more information regarding the Family PACT Program, please call the Telephone Service Center (TSC) at 1-800-541-5555 from 8 a.m. to 5 p.m., Monday through Friday, except holidays, or visit the Family PACT Web site at **www.familypact.org**.

The Family PACT Program was established in January 1997 to expand access to comprehensive family planning services for low-income California residents.



DRUG USE REVIEW

DUR Alerts for Certain Late Refill and Therapeutic Duplication Drug Categories to End

Effective September 1, 2005, the following general categories of drugs will no longer be reviewed for the following Drug Use Review (DUR) alert types:

Late Refill Alerts

Pain Medications

Antibiotics excluding oral forms of isoniazid and isoniazid/pyridoxine hcl

Therapeutic Duplication Alerts

Anticonvulsants

This update will be reflected in the *Drug Use Review (DUR) Manual* at a later date.

Medi-Cal List of Contract Drugs

The following provider manual sections have been updated: *Drugs: Contract Drugs List Part 1 – Prescription Drugs, Drugs: Contract Drugs List Part 4 – Therapeutic Classifications and Drugs: Contract Drugs List Part 7 – Preferred Prior Authorization Drug List.*

Addition, effective June 22, 2005

Drug	**Size and/or Strength**
‡ * **TIPRANAVIR**	
Capsules	**250 mg**

*** Restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection.**

Changes, effective July 21, 2005

Drug	**Size and/or Strength**
AMOXICILLIN/CLAVULANATE POTASSIUM	
* Tablets, chewable	125 mg 200 mg 250 mg 400 mg
* Restricted to a maximum dispensing quantity of thirty (30) tablets and a maximum of two (2) dispensings in any 30-day period.	
* Tablets, oral	250 mg 500 mg
* Restricted to a maximum dispensing quantity of thirty (30) tablets and a maximum of two (2) dispensings in any 30-day period.	
* Tablets, oral	875 mg
* Restricted to a maximum dispensing quantity of twenty (20) tablets and a maximum of two (2) dispensings in any 30-day period.	

‡ Drug is exempt from the monthly drug claim line limit.

Please see **Contract Drugs**, *page 5*

Contract Drugs *(continued)*

Changes, effective July 21, 2005 *(continued)*

Drug	**Size and/or Strength**	
AMOXICILLIN/CLAVULANATE POTASSIUM *(continued)*		
* Tablets, oral	1 Gm	
* Restricted to a maximum dispensing quantity of forty (40) tablets and a maximum of two (2) dispensings in any 30-day period.		
* Solution or suspension	125 mg/5 cc 200 mg/5 cc 250 mg/5 cc 400 mg/5 cc 600 mg/5 cc	
* Restricted to a maximum of two (2) dispensings in any 30-day period.		
(Labeler Code 00029 [SmithKlineBeecham] for ~~this drug only~~ **all dosage forms and strengths of amoxicillin/clavulanate potassium, except the 200 mg/5 cc and 400 mg/5 cc solution or suspension**.)		
ANAGRELIDE HCL		
Capsules	0.5 mg 1.0 mg	
~~(NDC labeler code 54092 [Shire US Inc.] only.)~~		
CICLOPIROX		
Cream	0.77 %	15 Gm 30 Gm 90 Gm
Gel	0.77 %	30 Gm 45 Gm
Topical suspension	0.77 %	30 cc 60 cc
(NDC labeler code 99207 [Medicis Dermatologics Inc.] **for the gel and topical suspension** only.)		
* CILOSTAZOL		
Tablets	50 mg 100 mg	
~~(NDC labeler code 59148 [Otsuka America Pharmaceuticals, Inc.] for 50 mg tablets only.)~~		
* Restricted to use for patients 65 years of age or older diagnosed with intermittent claudication, or for diabetic patients of any age diagnosed with intermittent claudication.		

Please see **Contract Drugs**, *page 6*

Contract Drugs *(continued)*

Changes, effective July 21, 2005 *(continued)*

Drug	**Size and/or Strength**
GABAPENTIN	
Capsules	100 mg 300 mg 400 mg
~~(NDC labeler code 00071 [Warner-Lambert Company-Parke-Davis] for capsules only.)~~	
Tablets	600 mg 800 mg
Solution, oral	250 mg/5 cc
‡ NORGESTIMATE AND ETHINYL ESTRADIOL	
Tablets from 7/7/7 combination packet (21 Tablets/packet)	7 x 0.180 mg/35 mcg 7 x 0.215 mg/35 mcg 7 x 0.250 mg/35 mcg
Tablets from 7/7/7 combination packet (28 Tablets/packet)	7 x 0.180 mg/35 mcg 7 x 0.215 mg/35 mcg 7 x 0.250 mg/35 mcg 7 x inert
(NDC labeler code 00062 [Ortho Pharmaceutical Corporation] **for the 0.180 mg/ 35 mcg and the 0.215 mg/35 mcg** only.)	
Payment limited to a minimum dispensing quantity of three cycles. See *California Code of Regulations* (CCR), Title 22, Section 51513(b)(4) regarding exceptions.	

Additions, effective August 1, 2005

Drug	**Size and/or Strength**
*** LEVONORGESTREL**	
Tablets	**0.75mg**
*** Restricted to a maximum quantity of two tablets per dispensing with a maximum of six dispensings in any 12-month period.**	
OMEPRAZOLE	
Powder packet	**20 mg** **40 mg**

‡ Drug is exempt from the monthly drug claim line limit.

Please see **Contract Drugs**, *page 7*

Contract Drugs *(continued)*

Changes, effective August 1, 2005

Drug	**Size and/or Strength**
* NICOTINE	
Transdermal patch	5 mg/16hr 10 mg/16hr 15 mg/16hr

(NDC labeler code 00009 [Pharmacia and Upjohn Company] only.)

* Pharmacy must obtain a letter or certificate of enrollment for the patient from a behavioral modification smoking cessation program. Also restricted to (1) a quantity of 14 patches per dispensing; (2) three dispensings in a 42 day period; and (3) therapy lasting up to six weeks from the dispensing date of the first prescription.

Transdermal system	**7 mg/24hr** **14 mg/24hr** **21 mg/24hr**

(NDC labeler codes 00766 and 00135 [GlaxoSmithKline] only.)

*** Pharmacy must obtain a letter or certificate of enrollment for the patient from a behavioral modification smoking cessation program. Also restricted to (1) a quantity of 14 patches per dispensing; (2) five dispensings in a 70 day period; and (3) therapy lasting up to ten weeks from the dispensing date of the first prescription.**

Changes, effective September 1, 2005

Drug	**Size and/or Strength**
CIPROFLOXACIN AND CIPROFLOXACIN HCL	
* Tablets, extended release	500 mg

* Restricted to use in the treatment of urinary tract infections. Also restricted to a maximum of three (3) tablets per dispensing and a maximum of two (2) dispensings in any 30-day period.

* Tablets, extended release	1000 mg

* Restricted to use in the treatment of urinary tract infections, including pyelonephritis. Also restricted to a maximum of ten (10) tablets per dispensing and a maximum of two (2) dispensings in any 30-day period.

(NDC labeler code 00085 [Schering Corporation] only.)

VARDENAFIL HYDROCHLORIDE	
Tablets	2.5 mg 5 mg 10 mg 20 mg

For the treatment of erectile dysfunction.

(NDC labeler code 00085 [Schering Corporation] only.)

Please see **Contract Drugs**, *page 8*

Contract Drugs *(continued)*

Changes, effective October 1, 2005

Drug	**Size and/or Strength**
MORPHINE SULFATE	
Injection	
* Capsules, extended release	30 mg 60 mg 90 mg 120 mg
* ~~Restricted to a maximum of 90 capsules per dispensing and a maximum of three dispensings of any strength in a 75-day period. Exceptions to this restriction require prior authorization.~~ **Prior authorization always required.**	
~~(NDC labeler code 64365 [Ligand Pharmaceuticals] only.)~~	
* Capsules, sustained release	20 mg 30 mg 50 mg 60 mg 100 mg
* Restricted to a maximum of 90 capsules per dispensing and a maximum of three dispensings of any strength in a 75-day period. Exceptions to this restriction require prior authorization.	
(NDC labeler code 63857 [Faulding Laboratories] only.)	
* Tablets	10 mg 15 mg 30 mg
* Restricted to a maximum of 90 tablets per dispensing and a maximum of three dispensings of any strength in a 75-day period. Exceptions to this restriction require prior authorization.	
* Tablets, long-acting	15 mg 30 mg 60 mg 100 mg
* ~~Restricted to a maximum of 90 tablets per dispensing and a maximum of three dispensings of any strength in a 75-day period. Exceptions to this restriction require prior authorization.~~ **Prior authorization always required.**	
Liquid	10 mg/ 5 cc 20 mg/5 cc 20 mg/cc

Inpatient Provider Cut-Off Date for Proprietary and Non-HIPAA Standard Electronic Claim Formats: December 1, 2005

In accordance with efforts to comply with the federally mandated Health Insurance Portability and Accountability Act (HIPAA), Medi-Cal has established a plan to discontinue acceptance of proprietary and non-HIPAA standard electronic formats for electronic claim transactions. The first provider community to be affected is the Inpatient provider community.

Beginning **December 1, 2005**, proprietary and non-HIPAA standard electronic claim formats submitted by Inpatient providers will no longer be accepted.

Providers may call the Telephone Service Center (TSC) at 1-800-541-5555 for more information.

Cut-off dates for non-HIPAA standard claim formats for all other provider communities will be announced in upcoming *Medi-Cal Updates*.

Instructions for Manual Replacement Pages — Part 2

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Remove and replace: cal child sar 5/6
cal child ser 1 thru 6, 11/12, 17/18
inject list 3/4, 7/8
tar comp 5/6 *****

* Pages updated due to ongoing provider manual revisions.